

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 68 / 71

☐ 17 ☒ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE-CONTRIBUTIO-NS**

Mailing Address 430 S CAPITOL ST SE 2ND FLOOR

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Transfer of Funds

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB18.21425

Date of Disbursement

05 / 22 / 2006

Amount of Each Disbursement this Period

50000.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE-CONTRIBUTIO-NS**

Mailing Address 430 S CAPITOL ST SE 2ND FLOOR

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Transfer of Funds

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB18.21534

Date of Disbursement

06 / 21 / 2006

Amount of Each Disbursement this Period

75000.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JIM MARSHALL**

Mailing Address PO BOX 125

City MACON State GA Zip Code 31201

Purpose of Disbursement

Political Contribution

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 03

Transaction ID: SB18.21535

Date of Disbursement

06 / 22 / 2006

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

127000.00

**TOTAL** This Period (last page this line number only) .....

127000.00